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(Re	equestor's Name)	
- (Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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D. SCOTT FEB 2 8 2017

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Ngn o 4 Life USA LLC (Name of Limited Liability Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Reichert (Name of Person)
Mano 4 Life LSA LLC (Firm/Company)
7669 NE Spanish Trail Ct.
Boca Raton FL 33487 (City/State and Zip Code)
(City/state and Zip Code)
For further information concerning this matter, please call:
Robert Reichert at (617) 240-1138 = 7
Enclosed is a check for the following amount:
\$25.00 Filing Fee and Certificate of Dissolution  Certified Copy (additional copy is enclosed)

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is  N910 4 Life USA LLC
2.	The Articles of Organization were filed on 7-11-2016 and assigned
	document number <u>L 16 0000 22487</u>
3.	The delayed effective date the dissolution if not effective on the date of filing:  (effective date cannot be prior to or more than 90 days later than date document is received for filing)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).  Major Partner division in husiness strategy  and running business.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  Reichert  Reichert  Spanish Taul Ct.  Boca Raton, FL 33487
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:    Abert Reicher   Printed Name   Pri
	Signature Printed Name FILING FEE: \$25.00